



ANNUAL REPORT 2012 - 2013



STEPHANIE RAWLINGS-BLAKE, Mayor
OLIVIA D. FARROW, Director
Mayor's Office of Human Services



SHANNON BURROUGHS-CAMPBELL
Executive Director, BCHS

Shared Governance 2012-2013

Governing Board

Louise Corwin

Executive Director, Ready at Five
*Early Childhood Development**

Mark Furst

President & CEO, United Way of Central Maryland
*Fiscal Management**

Charlene Iannone-Campbell

Director of Early Learning, BCPS
*Early Childhood Development**

Bonnie Legro, Vice Chairperson

Senior Program Officer Education, Abell Foundation

Molly McGrath

Director, Baltimore City Dept. of Social Services
Youth and Family Services

Melva Rodwell

Union Baptist Head Start
*Parent**

Stephen Richter, Treasurer

Sr. Vice President/Credit Manager, PNC Bank
*Fiscal Management**

Ellen Riordan

Coordinator of Children's Services, Enoch Pratt Library
City Libraries

Donna Stark, Chairperson

VP, Talent Management/Leadership Development,
The Annie E. Casey Foundation

Karen Johnson

Sr. Director, Family Advocacy & Supportive Services, EBDI
*Attorney**

Tamar Pair

University of Maryland, Baltimore
Past Policy Council Chair/Former Parent

Rebecca Dineen

Assistant Commissioner, City of Baltimore Health Dept.
Health Services

Cheryl Washington, Secretary

Senior Director of Community and Human Services,
East Baltimore Development Inc.
Management

** Required Capacity*

Policy Council

Dayspring

Keia Alexander, *Secretary*
Lavida Bullock-Thompson
Janet Gorham
Wanda Robinson
Latonya Smith
Mary Waters

Emily Price Jones

Janice Gaskins
Mary Jones
Saphire Mesa

Martin Luther King Jr. Early Head Start

Tamera McNair, *Treasurer*

Metro Delta

Tysheera Irby
Tamla Blakes
Brandy Timpson, *Chairperson*

Morgan State University

Melanie Iyoriobhe

St. Bernardine's

Troy Burks, *Assistant Secretary*

St. Jerome's

Vonnie Simmons

St. Veronica's

Tanika Rucker

St. Vincent de Paul

Marlita Berry, *Vice Chairperson*
Parliamentarian

Umoja

Tanaznia Holt
Ashley Shelby

Union Baptist

Melva Rodwell, *PC liaison for governing board*
Sheila Ogle

Grantee

Shannon Burroughs-Campbell
BCHS, *Executive Director*



Overview

During the 2012-2013 Program year, Baltimore City Head Start (BCHS) continued its mission to provide quality, comprehensive, early intervention services, inclusive of education, health, nutrition, social and other services throughout Baltimore City to the neediest children and families. In addition the program began implementation of its newly developed long term, three-year strategic plan goals based on the findings from the Community Assessment.

Mission

Baltimore City Head Start strengthens families by providing a seamless delivery of family focused, comprehensive services that ensure all eligible children, regardless of economic circumstances, have the opportunity for educational achievement and to have a happy and productive life.

Guiding Principles and Values

Baltimore City Head Start is committed to:

- Highest quality services to children and families
- Shared governance
- Effectiveness and efficiency
- Ensuring most resources go to direct services for children and families

Strategic Plan Goals (2012 - 2015)

1. Better serve the population of pregnant mothers and very young children from birth to age three
 - Increase partnerships and collaborations in communities to leverage resources geared to young children
 - Link to transitional activities/programs that target Head Start families
 - Assess internal capacity to directly serve this population
 - Explore ways to increase funding for serving young children through private sources and grants
 - Identify and respond to the growing needs of the Hispanic/ESL population
2. Leverage resources to offset flat and reduced funding at the federal and state levels
 - Create a plan to address aging facilities
 - Explore ways to partner and collaborate with other Pre-K providers to share services
 - Create a development process, staff and training to increase fundraising capacity at each delegate and within each Grantee Office
 - Restructure the BCHS finance function to increase efficiencies and accuracy of fiscal reporting and accountability
 - Implement a process for acquiring and managing appropriate grant opportunities
 - Upgrade technological tools and integrate disparate databases to streamline administrative processes
3. Increase capacity to meet both mandated and desired outcomes for Head Start Families
 - Implement quality performance measures for delegates to ensure a focus on outcomes
 - Align Head Start standards with city and state benchmarks of successful families
 - Explore solutions to pay equity issues among delegates and staff
 - Create and implement a communication plan for dissemination of information

Program Design

The Mayor and the City Council of Baltimore City, Grantee since 1965, transitioned the Baltimore City Head Start Program from the Department and Housing and Community Development to the Mayor's Office of Human Services (MOHS) in July 2012. By moving Head Start under the MOHS, services are more closely aligned and connected with other Human Services agencies. Oversight for the program is now coordinated through MOHS in collaboration with the Governing Board which consists of volunteers from the community with a variety of expertise and skills to support program oversight and planning, the BCHS Executive Director and grantee staff who manage the day to day responsibility of the program, and the Policy Council consisting of parent representatives from each delegate program. Together they provide management and ongoing direction to the network of delegate agencies and programs and partners as well as oversight over compliance with grant and fiscal requirements.



BCHS remains one of the largest programs in Region III. The current network includes 11 delegate agencies that are contracted to operate 10 Head Start Programs (serving 0-3 year olds) and one Early Head Start Program (serving 3-5 year olds) across 70 sites and 200 classrooms. Although funded to serve 3,603, in FY 2012-2013, Baltimore City Head Start actually served a total of 4163 (4154 children and 9 pregnant women). The delegate programs maintained an average monthly enrollment of 99% throughout the year.

Delegate	Programs & Funded Enrollment 2012-2013
1. Y of Central Maryland	Emily Price Jones HS (338)
2. Dayspring Programs, Inc	Dayspring HS (511)
3. Associated Catholic Charities	St. Jerome's HS (276)
4. Union Baptist Church	Union Baptist-Harvey Johnson HS (214)
5. Baltimore Metropolitan Chapter of Delta Sigma Theta Sorority	Metro Delta HS (312)
6. St. Bernardine's Roman Catholic Church	St. Bernardine's HS (191)
7. St. Vincent de Paul Society of Baltimore	St. Vincent de Paul HS (877)
8. Morgan State University	Morgan State University HS (224)
9. Unity United Methodist Church	Umoja HS (187)
10. St. Veronica's Catholic Church	St. Veronica's HS (289)
11. The Johns Hopkins Hospital	Martin Luther King, Jr. EHS (184)

Monthly Enrollment		
Funded Enrollment	3603	
Sept 2012	3395	94.23%
Oct	3545	98.39%
Nov	3621	100.50%
Dec	3613	100.28%
Jan	3603	100.00%
Feb	3603	100.00%
Mar	3593	99.72%
Apr	3603	100.00%
May 2013	3554	98.64%
% Average Monthly Enrollment	99.08%	

Early Childhood Education

Preparing Children for Kindergarten.

Baltimore City Head Start utilizes the Creative Curriculum for Preschool in the majority of its classrooms. The Maryland Model for School Readiness (MMSR) which is closely aligned with the Head Start Child Outcomes, provides a framework for best practices in early care and education programs throughout the state. Through the MMSR, teachers gain an in-depth understanding of children's learning potential. Children and their families benefit from the clear communication about what children need to learn to be successful in school.

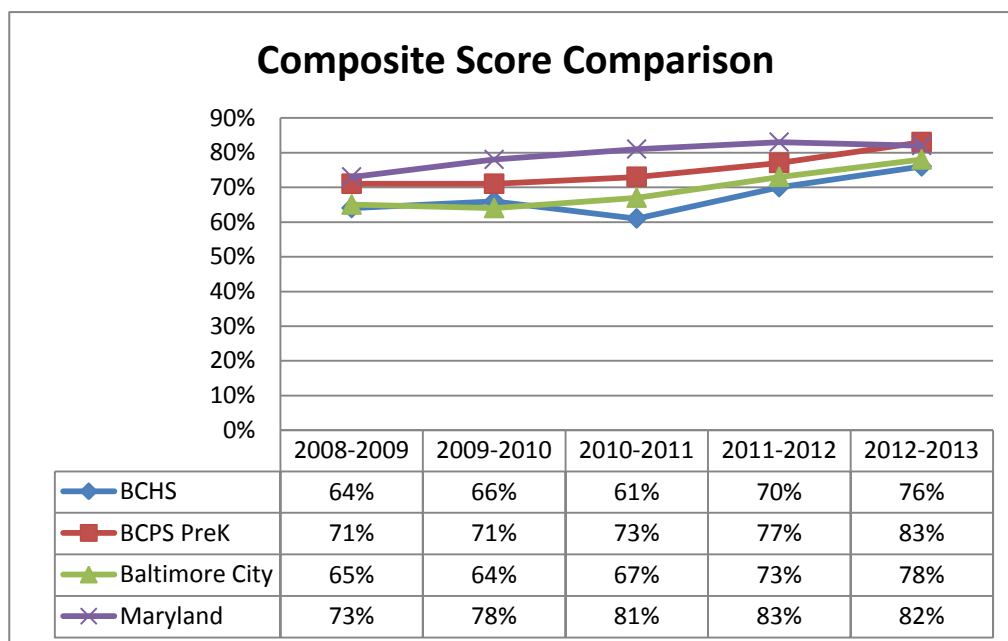
Head Start teachers document observations for each child and individualize their teaching to meet the individual needs weekly. Children's skills and abilities are evaluated three times per year in all developmental areas and assessment information is shared with parents.

Kindergarten teachers evaluate students during the first few weeks of the kindergarten year and report their ratings by the end of November to Maryland State Department of Education (MSDE). The data is included in the report to the General Assembly on the level of school readiness statewide.

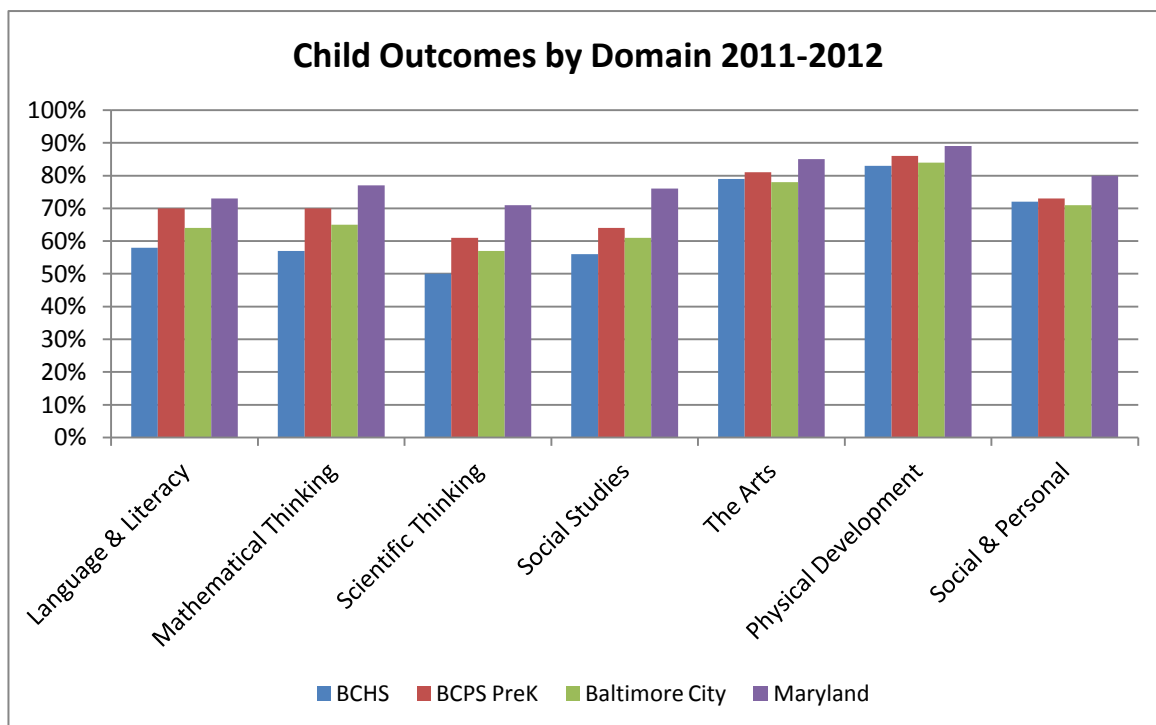
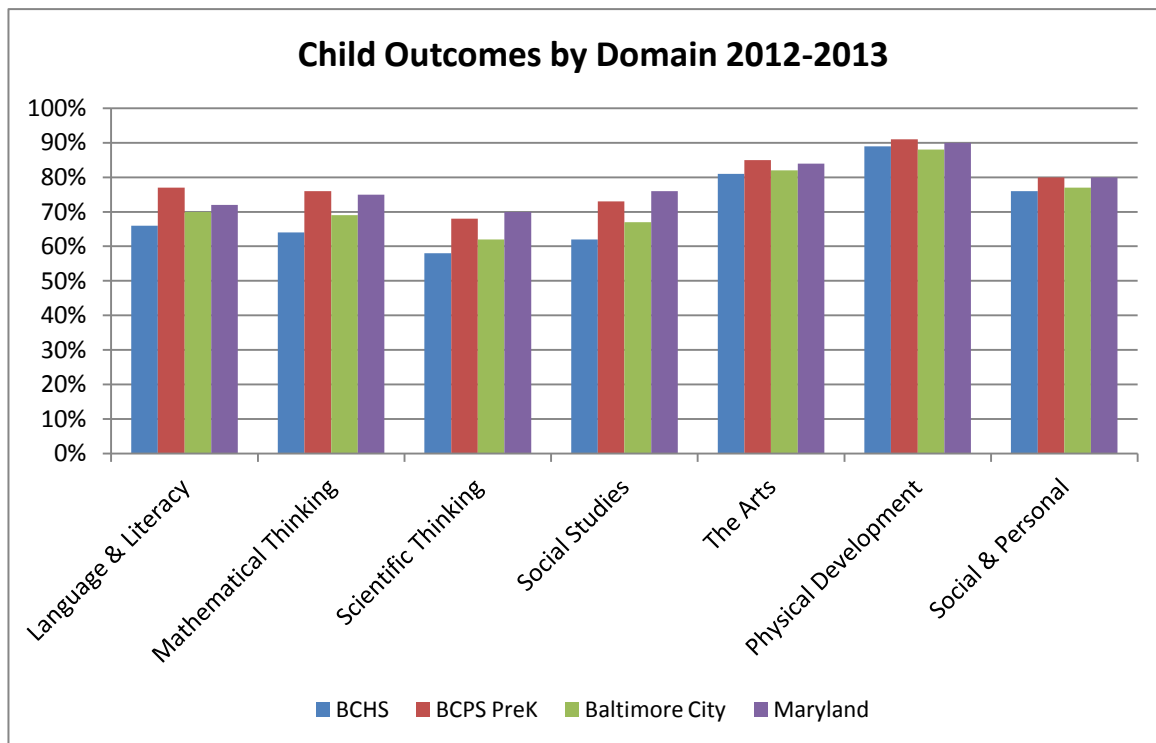


Child Outcomes

In FY 2012 – 2013, 76% of the children who transitioned from BCHS Programs to public schools and assessed by the kindergarten teachers, were found to be performing at a level of full readiness by their composite scores. This percentage of BCHS children who were identified at the full readiness level was an increase of 6% from the previous year's total of 70%.



Also, the breakdown in domain areas (social and personal, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, physical development) showed improvements in the number of children identified as “fully ready” for kindergarten. In FY13-14, BCBS will be continuing to employ strategies to improve outcomes in the specific areas of language and literacy (66%), mathematical thinking (64%), Scientific Thinking (58%) and Social Studies (62%).



Child Health and Developmental Services

Health Outcomes

Medical

As required by the program's Performance Standards, Baltimore City Head Start ensures that children are screened for developmental, sensory, and behavioral concerns within 45 days of entering the program and that a determination is made within 90 days whether children are up-to-date on Maryland's EPSDT schedule (Early and Periodic Screening, Diagnostic and Treatment) of preventive and primary health care, including medical, dental and mental health. In FY 2012-2013, 100% of the children who entered the program were screened for medical conditions, 33% of whom were diagnosed with chronic conditions needing medical treatment.

BCHS staff follows up with families to assure that they secure further diagnosis and treatment for their children, track all services Head Start children receive, and individualize how the program and staff respond to each child's health and developmental needs. Of the children diagnosed as needing treatment in 12-13, 82% received treatment for a variety of conditions, including asthma, anemia, vision problems, hearing difficulties, and high lead levels.

Dental

Poor dental health is also a major concern among low income families. 69% of enrolled 3-5 year old children in 12-13 completed a dental exam. 67% of the 566 Head Start children who were diagnosed as needing dental treatment received it.



Medical Screenings and Follow up Services	# of children	% of children
Children who received medical screening in BCHS for 12-13	3603	100.00%
Children who needed medical treatment of those screened	1188	33.33%
Children who received follow up services of those needing treatment	971	81.73%
• Asthma	512	52.73%
• Vision Problems	38	3.91%
• Anemia	32	3.30%
• High Lead Levels	17	1.75%
• Hearing difficulties	9	0.93%
• Diabetes	2	0.21%

Mental Health

Early detection and treatment of mental health issues can be extremely beneficial in helping families alleviate future suffering, lead higher quality, productive lives, and decrease cost to society. Head Start provides an important opportunity to provide access to mental health services. In 12-13 for 19% of enrolled BCHS children, a mental health professional consulted with the program staff about the child's behavior, and for 33% of these children, the mental health professional provided three or more consultations with program staff. Likewise for 14%, a mental health professional consulted with the parents about the child's behavior, and for 43% of these children, the mental health professional provided three or more consultations with the parents. 7% of enrolled BCHS children received an individual mental health assessment. 68% of these children that were either referred for mental health services outside of the program received mental health services.

Disabilities

The Head Start Act requires that at least 10% of the total number of enrollment opportunities be available to children with disabilities. In fiscal year 2012-2013 11% of BCHS children were diagnosed with having a disability: 420 preschoolers in Head Start had an IEP, and 49 infants and toddlers in Early Head Start had an IFSP. 100% of these children received special services.

Disability Determination and Special Services	# of children	% of children
Children determined to have a disability in BCHS	469	11.29%
Most significant disability for which BCHS children received services		
• Speech or language impairments	340	72.49%
• Non-categorical/developmental delay	61	13.01%
• Autism	8	1.71%
• Health impairment	4	0.85%
• Orthopedic impairment	1	0.21%
• Multiple disabilities	1	0.21%
• Emotional disturbance	1	0.21%
• Specific learning disability	1	0.21%

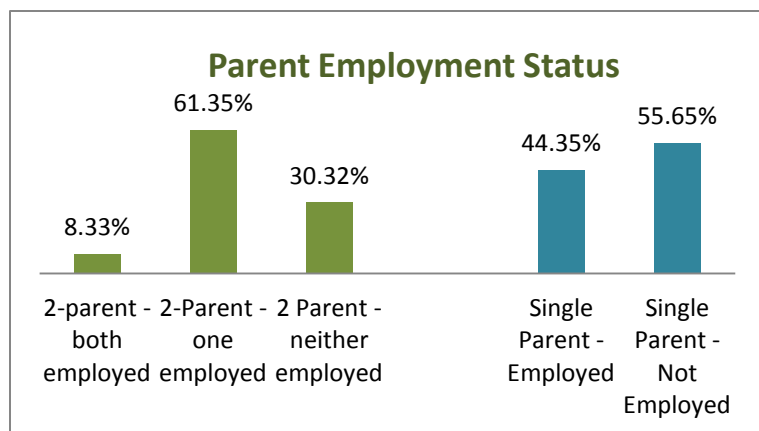
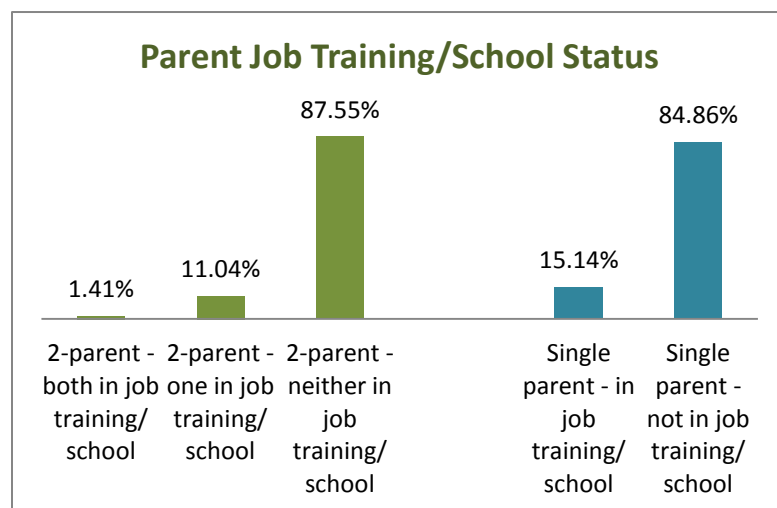
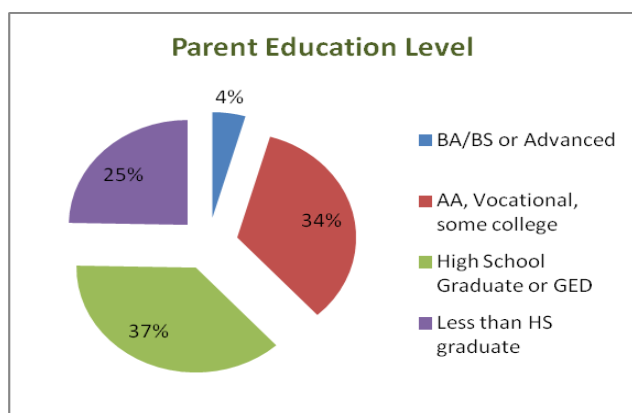
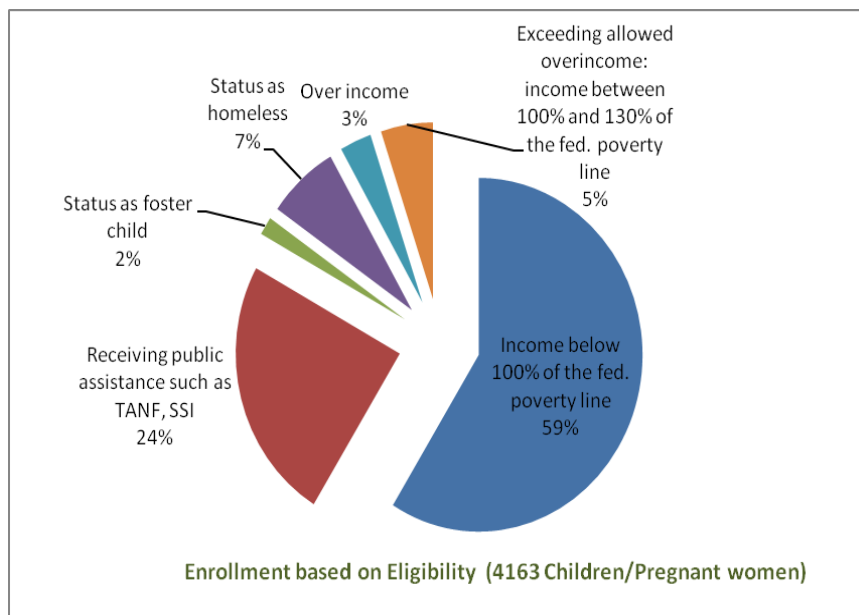


Family & Community Engagement

Head Start and Early Head Start services are designed to strengthen families and to help them break the cycle of poverty. To do this, BCHS not only works to improve child development, but also focuses on the wellbeing of families by providing health, parental involvement, nutrition, and social support services.

The majority of the children served by BCHS in FY12-13 came from low income households which mean that for a family of four, for instance earned less than \$23,550 a year.

Parent Education and employment status is of particular importance to BCHS. BCHS works with families to secure job training, enroll in school and to seek employment opportunities.



Two-Parent Families Served – 996

Single-Parent Families Served – 2886

Parent Involvement

In order to help support children and families to succeed, parents are encouraged to become involved in all areas and aspects of the program. Parents participate in parent/teacher conferences, volunteer in the classrooms and participate on classroom and policy committees/council as leaders. As members of the policy committee they attend monthly meetings, discussing issues and advising staff. On the Policy Council, representatives from each program attend monthly Policy Council meetings and vote on many of the important decisions affecting the entire program. Parents are active on advisory committees and on committees that focus on specific issues affecting the program, such as health, education or male involvement. As classroom volunteers they work with children on art activities, read to individual children or small groups, help during meals or transitions, chaperone on field trips and sometimes present to their child's classrooms. In FY12-13, 5,168 individuals volunteered in the program, 64% of whom were current or former parents or guardian, and 31% of whom were male.



Family Outcomes

Baltimore City Head Start coordinates with other agencies to support parents in identifying and accomplishing their goals. Staff works with parents to develop family partnership agreements that identify goals, responsibilities, timetables and strategies for achieving these goals. Head Start helps families access necessary support services either directly or through referrals. In 2012-2013 the services families most often received included parent education, health education, emergency/crisis intervention, adult education, mental health services, and job training.



Services most often received by families

Parenting education	79.62%	3091
Health education	46.47%	1804
Emergency/crisis intervention	28.49%	1106
Adult education	24.76%	961
Mental health services	24.06%	934
Job training	14.73%	572
Housing assistance	9.66%	375
Child support assistance	1.62%	63
Child abuse and neglect services	0.95%	37
Relationship/marriage education	0.93%	36
Substance abuse prevention	0.33%	13
ESL training	0.33%	13
Substance abuse treatment	0.33%	13
Domestic violence services	0.28%	11
Assistance to families of...	0.26%	10

Financial Information

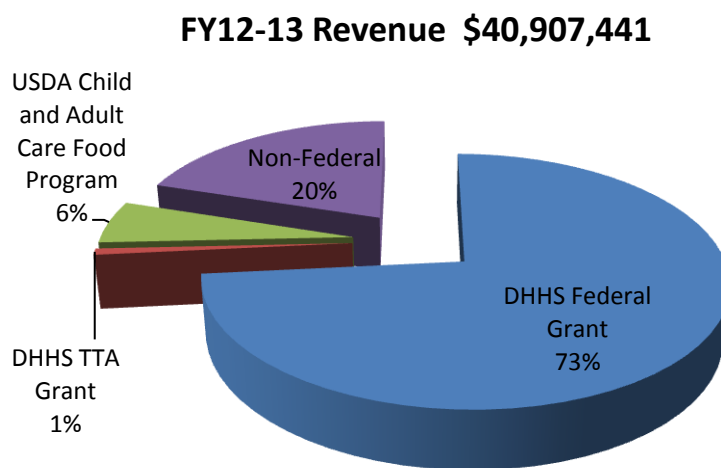
BCHS Revenue FY2012-2013

Federal

DHHS Federal Grant	\$ 30,049,730
DHHS TTA Grant	\$ 338,818
USDA Child and Adult Care Food Program	\$ 2,324,406
Total Federal	\$ 32,712,954

Non-Federal

MSDE State Supplemental Grant	\$ 594,711
Volunteer & Other Contributions	\$ 7,599,776
Total Non-Federal	\$ 8,194,487
TOTAL REVENUE	\$ 40,907,441



BCHS Budgetary Expenditure FY2012 – 2013

Personnel

Child Health and Development	\$ 11,297,363
Family & Community Partnerships	\$ 3,155,510
Program Design & Management	\$ 2,179,554
Other Personnel	\$ 226,278
Total Personnel	\$ 16,858,705

Fringe

Head Start Grantee	\$ 234,126
Head Start	\$ 3,910,884
Early Head Start	\$ 506,134
Total Fringe	\$ 4,651,144

Supplies/Equipment

Head Start Grantee	\$ 197,464
Head Start	\$ 1,470,516
Early Head Start	\$ 64,832
Total Supplies/Equipment	\$ 1,732,812

Contractual

Head Start Grantee	\$ 336,509
Head Start	\$ 993,817
Early Head Start	\$ 79,940
Total Contractual	\$ 1,410,266

Training & Professional Dev.

Head Start	\$ 271,802
Early Head Start	\$ 67,016
Total Training & Prof. Dev	\$ 338,818

Other

Head Start Grantee	\$ 787,352
Head Start	\$ 4,083,353
Early Head Start	\$ 516,096
Total Other	\$ 5,386,801
TOTAL EXPENDITURE	\$ 30,378,546

BCHS Proposed Budget FY2013 – 2014

Personnel

Child Health and Development	\$ 11,755,503
Family & Community Partnerships	\$ 3,242,301
Program Design & Management	\$ 2,032,683
Other Personnel	\$ 256,144
Total Personnel	\$ 17,286,631

Fringe

Head Start Grantee	\$ 266,495
Head Start	\$ 4,593,286
Early Head Start	\$ 562,870
Total Fringe	\$ 5,422,651

Supplies/Equipment

Head Start Grantee	\$ 120,400
Head Start	\$ 513,707
Early Head Start	\$ 52,366
Total Supplies/Equipment	\$ 686,473

Contractual

Head Start Grantee	\$ 456,748
Head Start	\$ 504,240
Early Head Start	\$ 77,139
Total Contractual	\$ 1,038,127

Training & Professional Dev.

Head Start	\$ 271,802
Early Head Start	\$ 67,016
Total Training & Prof. Dev	\$ 338,818

Other

Head Start Grantee	\$ 636,110
Head Start	\$ 3,206,452
Early Head Start	\$ 180,193
Total Other	\$ 4,022,755
TOTAL BUDGET	\$ 28,795,455

Federal Review

In accordance with the Head Start Act, to determine whether the program meets standards established with respect to program, administrative, financial management and other requirements, and in order to help programs identify areas for improvement and areas of strengths as part of their ongoing self-assessment process, a full review, including use of a risk-based assessment approach is conducted every three years by the Office of Head Start. Baltimore City Head Start had its last triennial review in March 2010. All issues identified in the review were corrected as of March 2011.

Financial audit

Head Start has completed its annual financial audit for FY2013. The City of Baltimore, Department of Audits conducts the CACFR and A-133. There were no findings. Executive summaries as well as complete versions of recently issued reports can be found at <http://www.comptroller.baltimorecity.gov/Audits.html>.

